



## Director's Advisory Council (DAC) on Local Public Health Meeting

**May 18, 2016  
MINUTES**

### **ATTENDEES**

#### **MEMBERS**

Nicholas Hughey (in person)  
Becky Hunt (in person)  
Hope Woodson (phone)  
Andrew Warlen (in person)  
Kristi Campbell (in person)  
Debra Hoehn (in person)  
Stacy Cox (in person)  
Brett Siefert (phone)

Jodi Waltman (in person)  
Elizabeth Gibson (phone)  
Olivia "Jean" McBride (phone)  
Robert Niezgoda (phone)  
Rhonda Suter (phone)  
Ruth Walters (phone)  
Rex Archer (absent)  
Dan Pekarek (phone)

#### **PRESENTERS**

Peter Lyskowski  
Steven Ramsey  
Harold Kirbey  
Mary Menges  
Melissa Friel  
Mark Davis  
Ken Palermo  
Jo Anderson

Diane Weber, Jackie McCoy (Recorder) and 11 additional guests were also in attendance.

<b>TOPIC</b>	<b>DISCUSSION</b>	<b>ACTION</b>
<b>Welcome and Introductions</b> <i>Becky Hunt, DAC Chair, Administrator, Madison County Health Department</i>	The meeting was called to order by Becky Hunt, Chair, followed by a welcome and introductions.	
<b>DHSS Updates</b> <i>Peter Lyskowski, Acting Director, Department of Health and Senior Services</i>	Peter informed the Director's Advisory Council (DAC) that today was National Employee Health and Fitness Day. The Department of Health and Senior Services (DHSS) was promoting a walk on the greenway from 11:00 a.m. to 2:00 p.m. DHSS is engaging in a cultural competency effort. Like the local public health agencies (LPHAs), DHSS' staff deliver many services in homes, small businesses, etc., and come into situations where good first impressions are crucial in effectively delivering best services, which requires delivering them in a culturally competent way. This starts with an awareness of how diverse our state really is. What are the cultural norms or observations we need to be sensitive to when providing those services? The Department formed a cross	

divisional Cultural Competency Committee who are looking forward to not only training staff and co-workers, but how to also celebrate and promote the diversity at DHSS and the state.

Zika was discussed. Peter expressed appreciation for the difficulty the locals have in messaging to the citizens of Missouri who want to travel abroad not to mention Florida or Texas. Additionally there are questions as to what if Missouri doing. Everyone is very concerned because there isn't a treatment and because of the health impacts. The federal government will be testing the vaccine in September. Peter sees Zika as an opportunity for us not only to demonstrate our credibility and competence when it comes to combating this disease but to make sure we use it to educate people on other public health issues. DHSS has a group working on Missouri's Zika Action Plan. Efforts are under way to continue the education process and help the LPHAs in their jurisdiction whenever and wherever possible. Last week CDC announced \$25M funding with applications due on June 13. DHSS is looking at other funding sources, too, from the state and from the emergency preparedness grants for the LPHAs to do surveillance or vector control. DHSS is interested in knowing the needs of LPHAs and will be utilizing survey(s) to gather information for planning.

Jodi Waltman asked about information for LPHAs to use to talk with municipalities regarding Zika? Should local plans be made to put money aside, for mosquito control, etc.? Peter answered by saying that there is a contract in the works with Missouri State University and others regarding the surveillance. They will be using a variety of approaches to recover eggs, raise, and type them. Tracking can begin on June 1. Peter mentioned that the plan is to start looking all over the state and using partners like the State Park Youth Corps. There are 88 parks throughout MO

	<p>and 500 kids working the state park system. Those surveillance efforts will produce a quick and impactful data which will tell us areas for targeting if locals resources are available, or if federal money is available, or if other state money can be freed up. Harold referred all to the SBAR for the meeting. The contract will give the initial push but are looking at establishing a long term, sustainable effort. Working with the LPHAs is key as well as finding out what kind of resources the Department of Natural Resources can bring to the table.</p> <p><u>Budget Updates</u>  Bret Fischer provided the DHSS FY17 Truly Agreed and Finally Passed (TAFP) budget update. State employees received a 2 percent Cost of Living Adjustment. Aid to Local Public Health received an increased appropriation of \$2.7M in federal funds. For FY16, there was a supplemental appropriation of \$3.5M. The HIV/HVC pilot was added in the Senate – don’t have the details. The diaper banks were a House addition and a one- time fund out of DHSS GR. Peter thanked everyone who worked on educating legislators especially, Scott Clardy. Bret stated Newborn screening will enable us to continue an initiative that began last year and to test for SCID (Severe Combined Immunodeficiency) cord blood delivery services was passed in legislation a few years ago and funding was provided this year. Cardinal Glennon operates a cord blood bank and we will pay for a courier to deliver samples.  Bret mentioned that April was not a good month for revenues. Due to the flood damage in many counties including the St. Louis areas, they got an extra month to do their taxes, delaying final return amounts.</p> <p><u>Legislative Update</u>  HB2407 which would have eliminated DHSS and spread functions between other state agencies, did not pass. Steven thinks this bill may reappear. HB1892, the</p>	<p>DHSS FY17 TAFP Budget Attachment with May 18 DAC meeting materials on intranet at <a href="http://clphs.health.mo.gov/lphs/">http://clphs.health.mo.gov/lphs/</a></p>
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	<p>prescription drug monitoring bill, failed again in the Senate. All of the compassionate marijuana and industrial hemp bills failed, but came close in the House. SB619 which would have forced DHSS to provide materials to alleged perpetrators of elder abuse and neglect was defeated, but may reappear in the future. An expanded infectious reporting bill passed with minor issues. Amended vaccination language got passed which mandated fraternities and sororities to get vaccinated within five years; also, encourages Long-term Care facilities to ensure that their employees get vaccinations and encourages them to document this. HB1599 allows adopted people to get their birth certificates for medical information. Steven reminded all that some bills are still being reviewed and don't become effective until the Governor signs. Steven thanked the LPHAs who have provided input this year in this process.</p>	
<p><b>DCPH Update</b>  <i>Harold Kirbey,  Director, Division of  Community and  Public Health</i></p>	<p><u>DCPH/LPHA Activity Notification Report</u>  The DCPH/LPHA Jurisdiction Activity Report was created to improve the communication from DHSS to the LPHAs and to create awareness to assist LPHAs with questions they may receive from local constituents about any DCPH staff conducting business within a local jurisdiction. Based on results of survey, a majority of LPHAs desire for DHSS to continue to provide this information to administrators monthly. Jackie McCoy sends an email to administrators that the information for the upcoming month has been posted at <a href="http://clphs.health.mo.gov/lphs/">http://clphs.health.mo.gov/lphs/</a>. Program staff would notify the LPHAs of any visits scheduled for the month after the report has been posted. In situations where FDA requests DHSS to do an inspection in a facility, DHSS staff will inform the LPHA Administrator and LPHA staff may accompany DHSS staff, unless the business</p>	

or FDA objects. Jodi Waltman suggested that it also be shared monthly through the Friday Facts. Due to activity report being on the intranet and only that it has been posted to the intranet would be shared in the Friday Facts (as this is private site for LPHAs). Becky Hunt suggested changing the subject line when sending out the monthly e-mail to the LPHAs to better reflect its DHSS staff visits to LPHAs. Andrew Warlen stated that the Department staff has been amazing with the follow up in his county and wished there was a way to populate each county's information in Outlook calendars for all. Harold stated the Outlook option would require ITSD resources and may not be functionally feasible.

PHEP BP1 Funding Formula (July 2017):

During the recent PHEP reduction process for CDC Zika funds, DCPH uncovered something that needed to be discussed. In the past, CERT contracted with some counties to support staff who did work for multiple counties such as regional epidemiologists, planners or public information officers. There were mixed results and the CDC requirements of the grant changed but the funding formula wasn't adjusted to reflect change in regional responsibilities. About five years ago, CDC reduced the PHEP grant and DHSS looked at applying the reduction equally on a percentage basis, but the problem was recognized that those agencies that formerly had provided regional staff were impacted and would take huge unanticipated reductions. The agreement at the time was that the formula was not accurate, and needed to be revisited, but at that point a portion of those agencies' funding would be "held harmless" and the difference would be made up with DHSS PHEP carryover funding. The plan was to cut those same contracts over a period reducing the need for carryover. The issue discovered when we were taking the 7.5%

reduction recently is that the cuts were never applied as we had adequate carryover to cover those “hold harmless” amounts. Harold asked the DAC to be thinking about as we move forward is that this funding formula may not be appropriate any longer and that we really need to think about what preparedness priorities for the future. A new five year grant cycle begins in July 2017. Discussion needs to be had regarding what are those criteria that we need to think about. Melissa Friel stated that CDC anticipates they will have fewer capabilities in the new funding announcement but have not released details yet. Melissa would like to do strategic planning with the LPHAs by late fall to plan workplan activities and get feedback for the grant prior to when we’re writing the funding application. Harold believes there may be a shift for CDC to hold back more preparedness funding in order to be able to react to events like Ebola and Zika as they may not get additional funding, thus leading to future cuts. The strategic planning will inform funding. A comment was made that most LPHAs prepare budgets on a calendar year, so need to know the formula before January. Harold indicated we could hopefully have the formula, but wouldn’t know actual funding amounts until CDC released, and that would most likely be later in the spring.

State Investment in Local Public Health Services Participation Agreement (Core)

The LPHA claims submissions for the Children’s Health Insurance Program Health Services Initiative (CHIP H.S.I.) for the quarter ending March 31, 2016 were approximately 30% less than what has previously been submitted. This claims reduction, if accurate and ongoing, will prevent the state from being able to draw down the additional \$2.7M in funds appropriated for the Participation Agreement for the State Investment in Local Public Health Services (Core) for the

2016-2017 timeframe. We are working with those agencies with significant reductions to understand if this is a one-time occurrence or is the beginning of a trend. Because these claims submissions determine the funding provided to LPHAs for the coming year, we need to assure that there are adequate claims coming in to cover the amounts of the appropriation and the funding amounts you receive from the Core. Therefore, we are not including the additional \$2.7 million in the Participation Agreement amounts at this time. The FY2017 Participation Agreement amount will return to the original 2015-2016 time frame amounts (before supplemental). If claim submissions increase to previous levels, we will amend the Participation Agreement to adjust to the higher appropriated amounts. Harold apologized for the lack of notice, but this development came as a surprise. The claims were adequate to cover the expanded appropriation until this last quarter's submission. The concern is that, if claims don't return, we don't want to have allocated the money and then have to come back next quarter with a cut.

Becky asked about a mechanism where LPHAs could report all local expenditures for children and DHSS decide how much needs to go to WIC, MCH, and all the other federal grants for match dollars. Jo clarified that there is no match (in-kind) requirement for MCH; if LPHAs have expenditures that could qualify for any of the four CHIP H.S.I. programs and they can utilize their MCH funding for other MCH services, that is fine. The "in-kind" reporting in the past provided an indication of additional needs and was previously used as justification for fixed price contracting. LPHAs should not claim expenses to CHIP H.S.I. that they have already invoiced for payment by MCH or other federal program or reported as in-kind. Mark Davis confirmed that local "in-

	<p>kind” WIC expenditures are not used as match for WIC.</p> <p>LPHAs were encouraged to report local expenditures in the four CHIP H.S.I. category areas. The reminder again, was not to report to two different programs.</p>	<p>Any questions regarding CHIP H.S.I. should be directed to <a href="mailto:Sheila.Reed@health.mo.gov">Sheila.Reed@health.mo.gov</a>.</p>
<p><b>WIC Policy Revisions</b>  <i>Mark Davis, Bureau of WIC and Nutrition Services</i></p>	<p>Mark Davis, Assistant Bureau Chief, WIC, explained that the United States Department of Agriculture, Food and Nutrition Services (FNS) has issued guidance on the revision of certain nutrition risk criteria. State agencies are expected to implement these revisions by October 1, 2016. There are six factors that will be changing. The Risk Identification and Selection Collaborative (RISC) reviews existing and proposed nutrition risk criteria and develop new criteria which are then submitted to FNS for final approval. The MOWINS test release is set for June and WIC along with 12 LPHAs are assisting with the testing/training. D’Anne Ward from WIC will be providing the training starting in September. Since October 1 is on a Saturday the implementation will be Monday, October 3. Agencies will have the option to come to come in on Sunday, October 2 to receive the download. Then everyone else can download on Monday or other days that week.</p> <p>All WIC states have had a drop in caseloads. This could be due to when children get older, they start dropping off after a few years, even though they may receive services until they are five,. The WIC program looked at the budget especially at the food money and nutrition services administration funding. It was decided to raise reimbursement to the LPHAs from \$.13 to \$.14/case effective October 1.</p> <p>The WIC Updates are posted in each week’s Friday Facts and on April 25 WIC put out an article regarding their NEW Social Media Tool site. This included a 15 minute video called Social Media 101. These tools are for the LPHAs on training</p>	



	<p>and how to learn more about WIC. If you are interested please let Mark Davis know. Mark also presented the Iowa WIC Services Clinic Assessment Tools. All LPHAs have onsite contract monitoring by DHSS staff every other year. On the off year, LPHAs are conducting a self-monitoring. WIC is looking at stopping the self-monitoring in the off year and instead allow agencies to use a self-monitoring using the Iowa Clinic Assessment Tool. This tool is more customer service oriented. Starting October 1 the agencies that had the actual face-to-face monitoring this year instead of doing the self-assessment they will look at the Iowa tool document and provide suggestions for improvement. Jodi Waltman asked for WIC to please share any evidence-based interventions/best practices for what works.</p> <p>Mark mentioned that WIC is working on the pilot which will happen late August of next year regarding the (Electronic Benefits Transfer) EBT cards. Instead of participants getting multiple checks for each child, they will now have one card like a debit card for transactions. DAC members inquired if participants had an online tool to calculate their income that could be accessed from social media platforms to see if they qualify for WIC. They thought this might help with directing eligible persons toward WIC.</p>	
<p><b>Missouri's Public Health Response to Zika Virus</b>  <i>Ken Palermo, Section Administrator Disease Prevention</i></p>	<p>Ken Palermo discussed development of the Missouri Zika Action Plan in accordance with the guidance proposed by the Centers of Disease Control and Prevention (CDC). Ken announced that they have fully executed a contract with Missouri State University to perform an initial round of mosquito surveillance. Surveillance is key since it is unknown if <i>aegypti</i> or <i>albopictus</i> species of mosquitoes even exist in the quantities that would become a threat. He reported that aggressive steps are being taken for education and outreach program campaign to raise public awareness. The</p>	

	<p>goal is to not only reducing opportunities for local transmission, but to educate the public on the protections from vector born infections. The educational aspect may be a flyer located in the LPHAs clinics or materials targeted for anyone who may be at risk in case there is local transmission. Social media will be a major part of getting the Zika information out. Another goal is to change behavior. The message is to wear DEET every day, all the time since these mosquitoes prefer humans as their host. A release will be coming out soon to list the Top 5 things you can do to reduce exposure. Tip and Toss will also be part of the campaign effort to reduce the habitat that mosquitoes like such as standing water. As of today there is no known local transmission in the continental United States.</p>	
<p><b>Courier Service Funding Update</b>  <i>Mary Menges,  Assistant Director,  State Public Health Laboratory</i></p>	<p>Mary thanked the Courier Task Force and others from the LPHAs and DHSS for work to find funding for this year and SFY 2017 for lab courier service. Becky stated that this was a great exercise of what the DAC purpose is.</p>	
<p><b>DAC/DHSS Public Health Workgroup Update, Jo Anderson, Director, Center for Local Public Health Services</b></p>	<p>At the March Public Health Conference, each of the four workgroups presented draft issue statements and solicited feedback from the larger LPHA community. A survey that builds that builds on the Infrastructure survey to gauge level of capacity to perform foundational public health activities will be coming out in the next few weeks. A face-to-face meeting is tentatively planned for July 6-7 to launch Phase II which is the development of a governmental public health action plan to build support to address priority health issues. Part of the work of Phase II will be to determine the best way to fill gaps and the development of a public health policy plan for the future. If there are additional administrators that wish to get involved at this point, please let Becky Hunt or Jo know as it would be important for them to</p>	<p>Please let Becky Hunt or Jo know if an administrator is interested in getting involved in the action planning as it would be important for them to attend the face to face meeting on July 6-7.</p>

	attend the face to face meeting.	
<b>Election and DAC Membership Summer 2016 Closing Remarks/Discussion</b> <i>Becky Hunt</i>	Becky reported that during August, elections for the DAC membership will be conducted for Regions A, B, D, and E. Watch for nominations forms from Brenda Buschjost.	
<b>Next Meeting:</b>	August 17, 2016.	